



State of Indiana

**DRINKING WATER  
STATE REVOLVING FUND  
(DWSRF)**

**LOAN PROGRAM**  
for Drinking Water Facility Improvements  
**SFY 2004**

**APPLICATION FORM**

**Return completed form and one copy to:**

**Ms. Cortney Stover**

**State Revolving Fund (SRF) Loan Program**

**Indiana Department of Environmental Management**

**Office of Water Management**

**100 North Senate Avenue**

**Indianapolis, IN 46204-2211**

Any questions regarding this application form should be directed  
to Ms. Marylou Renshaw, SRF Section Chief, at (317) 232-8655.

**Please Type or Print Legibly**

**Section I. APPLICANT & SYSTEM INFORMATION:**

**A.** Name of Water System: \_\_\_\_\_ **PWS ID:** \_\_\_\_\_

**B.** City / Town in which Proposed Project is located: \_\_\_\_\_

**C.** Township (s) in which Proposed Project is located: \_\_\_\_\_

**D.** County (ies) in which Proposed Project is located: \_\_\_\_\_

**E.** State Representative District: \_\_\_\_\_ **F.** State Senate District: \_\_\_\_\_ **G.** Congressional District: \_\_\_\_\_

**H.** Project is located in which Watershed; indicate the Lettered / Numbered area: \_\_\_\_\_ (see map for reference)

**I.** Population Served: \_\_\_\_\_ **Census Year:** \_\_\_\_\_

**J.** Median Household Income for Service Area\*: \_\_\_\_\_

**K.** Number of Metered Connections: \_\_\_\_\_ **Number of Service Connections:** \_\_\_\_\_

**L.** Current User Rate/4,000 gal.: \_\_\_\_\_ **Estimated Post-Project Rate/4,000 gal.** \_\_\_\_\_

**M.** If a certified operator is in charge of the system, list name, telephone number and the certification number:

**Name:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_ **Certification #:** \_\_\_\_\_

\*Median Household Income for Service Area: IDEM reserves the right to make the final determination on Median Household Income for the project's service area. Median Household Income is used solely for the DWSRF Scoring and Ranking System.

**N. Authorized Representative** responsible for receiving and submitting documents regarding the Proposed Project

*Must be an official of the community:*

1. Name: \_\_\_\_\_ 2. Title: \_\_\_\_\_
3. Daytime Telephone Number (Include Area Code): \_\_\_\_\_
4. Mailing Address (Include Zip Code): \_\_\_\_\_
5. E-mail Address: \_\_\_\_\_

**O. Consulting Engineer**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**P. Financial Advisor**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Q. Bond Counsel**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**R. Local Counsel**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Section II. PROJECT INFORMATION:**

**A. Project Need:**

Select all reasons that apply and include a brief description of the problem(s) and need(s) associated with each reason.

*Please attach additional sheets if necessary.*

**:Please Note: Projects that are for fire suppression or economic development (i.e.: future growth) are not eligible for funding under the Safe Drinking Water Act, (SDWA). MCL = Maximum Contaminant Level.**

I. Public Health / SDWA MCL Violation: \_\_\_\_\_

\_\_\_\_\_

II. SDWA Compliance: \_\_\_\_\_

\_\_\_\_\_

III. Inadequate Water Supply: \_\_\_\_\_

\_\_\_\_\_

IV. Infrastructure Replacement / Improvement: \_\_\_\_\_

\_\_\_\_\_

V. Consolidation: \_\_\_\_\_

\_\_\_\_\_

VII. Other (Please Describe): \_\_\_\_\_  
\_\_\_\_\_

*Please attach additional sheets if necessary.*

*Indicate estimates for each project. Please attach additional sheets if necessary.*

	Initiation Date	Completion Date	Cost Estimate
<b>Planning&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;</b>			
Preliminary Engineering Report (PER)	_____	_____	_____
<b>Design&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;</b>	_____	_____	_____
<b>Construction&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;</b>			

**TOTAL \$ :**

[illegible]

**A. Capacity Development:** Per the Safe Drinking Water Act, water systems seeking funding under the Drinking Water State Revolving Fund (DWSRF) must be able to certify that they possess the “Technical, Managerial, and Financial capacity to operate their systems.”

1. Does your system currently possess “technical, managerial and financial capacity”?

NO

2. If No, will technical, managerial and financial capacity be achieved after the implementation of your community's DWSRF project?

YES

NO

*We strongly encourage you to fill out the attached Capacity Development Assessment form and submit it with this application. If you did not receive a copy, you can print a copy from the Web at*

*[http://www.IN.gov/idem/water/dwb/dwb\\_compliance/IN\\_SelfAssessment\\_SRF.pdf](http://www.IN.gov/idem/water/dwb/dwb_compliance/IN_SelfAssessment_SRF.pdf)*

*Please Note: If the answer for Number 2 above is NO, your system will be deemed ineligible for DWSRF assistance. (Restructuring of existing water systems is an eligible activity under the DWSRF program.)*

#### **Section IV. PROCUREMENT:**

**Political subdivisions conducting procurement for the uses authorized by the drinking water SRF for professional services shall proceed pursuant to IC 5-16-11.1.**

##### **IC 5-16-11.1-1 Chapter 11.1. Procurement of Services of Architects, Engineers, and Land Surveyors**

**Sec. 1. As used in this chapter, "firm" means an individual, partnership, limited liability company, corporation, association, joint venture, or any other form of unincorporated enterprise.**

**As added by P.L.24-1985, SEC.16. Amended by P.L.8-1993, SEC.68.**

##### **IC 5-16-11.1-2**

**Sec. 2. As used in this chapter, "professional services" means those services that are:**

**(1) within the scope of practice specified by IC 25-4 for architecture, IC 25-31 for professional engineering, or IC 25-21.5 for land surveying; or (2) performed by any licensed architect, professional engineer, or land surveyor in connection with his professional employment or practice.**

**As added by P.L.24-1985, SEC.16. Amended by P.L.23-1991, SEC.2.**

##### **IC 5-16-11.1-3**

**Sec. 3. As used in this chapter, "public agency" includes a: (1) political subdivision as defined in IC 36-1-2-13;**

**(2) municipally owned utility; (3) lessor corporation leasing a school building to a school corporation under IC 21-5-11 or IC 21-5-12; or (4) lessor corporation constructing a public facility to be leased to a political subdivision.**

**As added by P.L.24-1985, SEC.16.**

##### **IC 5-16-11.1-4**

**Sec. 4. (a) When professional services are required for a project, a public agency may: (1) publish notice in accordance with IC 5-3-1; (2) provide for notice (other than notice in accordance with IC 5-3-1) as it determines is reasonably calculated to inform those performing professional services of a proposed project; (3) provide for notice in accordance with both subdivisions (1) and (2); or (4) determine not to provide any notice. (b) If the public agency provides for notice under subsection (a)(1), (a)(2), or (a)(3), each notice must include:**

**(1) the location of the project;**

**(2) a general description of the project;**

**(3) the general criteria to be used in selecting professional services firms for the project;**

**(4) the place where any additional project description or specifications are on file;**

**(5) the hours of business of the public agency; and**

**(6) the last date for accepting statements of qualifications from interested parties.**

**As added by P.L.24-1985, SEC.16. Amended by P.L.51-1988, SEC.1.**

##### **IC 5-16-11.1-5**

**Sec. 5. A public agency may make all contracts for professional services on the basis of competence and qualifications for the type of services to be performed and negotiate compensation that the public agency determines to be reasonable.**

**As added by P.L.24-1985, SEC.16.**

**Section V. SIGNATURE:**

**I certify that I am legally authorized by the legislative body to sign this application.  
To the best of my knowledge and belief, the foregoing information is true and correct.**

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**Signature of Authorized Representative (Community Official)**

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**Printed or Typed Name**

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**Title of Authorized Representative**

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**Date**